



**PERSONS PROHIBITED**  
**FROM CARRYING OR POSSESSING ANY FIREARM**

Pursuant to Rhode Island General Law 11-47-6 certain persons are prohibited from purchasing, carrying, or possessing any firearm. These persons include, but are not limited to:

1. A person under guardianship
2. A person under treatment by virtue of being mentally incompetent
3. A person under treatment or confined as a habitual drunkard
4. A person convicted of a crime of violence.

Do any of the prohibitions to receiving a license to carry a concealed weapon apply to you?

YES

NO

If yes, please explain:

---

Print Name

---

Signature



**APPLICATION FOR PERMIT TO CARRY A CONCEALABLE WEAPON**

Date: \_\_\_\_\_

New:

Permit Number: \_\_\_\_\_

(issued by police dept. upon approval of application)

Renewal:

Permit Number: \_\_\_\_\_

(issued by police dept. upon approval of application)

Name: \_\_\_\_\_

Last

First

Middle

Home Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address: \_\_\_\_\_

(if different from residential address) Street

City

State

Zip

Business Address: \_\_\_\_\_

(if using business in SK for permit) Street

City

State

Zip

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home

Cell

Business

Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City & State

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place & Address of Current Employment:

---

---



Job Description:

---

---

Identify Places and Date of Employment in the Past Five Years:

Place of Employment	Date of Employment

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Identify in Detail Any Tattoos:

---

---

Are you a citizen of the United States?  Yes  No How Long? \_\_\_\_\_

List all addresses for the last three years, including dates and locations:

Address	Date



Have you ever been arrested, charged, or summonsed for any offenses?  Yes  No

If so, give date, town, and state where arrested and details:

---

---

Have you ever received a restraining order from any court in any state?  Yes  No

If yes, which court (include state)?

---

---

Are you presently the subject of a restraining order from any court in any state?  Yes  No

If yes, which court (include state)?

---

---

Have you ever been charged in a Criminal case where the case was ordered by the court to be expunged?

Yes  No

If so, please provide details:

---

---

Have you ever refused to take a Breathalyzer test?  Yes  No

If so, give details including the name of the law enforcement agency involved:

---

---



Are you under indictment in any court for a crime punishable by imprisonment exceeding one year?  
 Yes       No

If so, please provide details:

---

---

Have you ever been under the care of a Psychiatrist or Psychologist?  Yes       No

If so, please provide details:

---

---

Have you ever been under guardianship or treated or confined for mental illness, substance abuse, or alcoholism?  Yes       No

If so, please provide details:

---

---

Have you previously applied for a permit to carry a concealed pistol or revolver from this or any other state or from the Rhode Island Attorney General or another city of town in Rhode Island?  
 Yes       No

If so, is that permit:  Current  Expired  Denied  Revoked      Permit Number: \_\_\_\_\_

What state, city, town, or jurisdiction? \_\_\_\_\_

\*Include photocopy of permit\*

If denied, please provide reason:

---

---

---



Have you ever had a legal name change?  Yes  No

If yes, please provide former name and identify jurisdiction where your name was previously changed:

Name	Jurisdiction

Please list all nicknames or aliases used by you:

---



---

- Please provide reasons in a letter on a separate sheet of paper for a Rhode Island Concealed Weapons Permit. If the permit is required for employment purposes, a letter must be submitted on your employer’s letterhead.
- Two types of positive identification must be submitted with application. Any combination of the following will be accepted: Birth Certificate, Driver’s License, Passport, ID Card. A photocopy of any two of the above signed and dated by a Notary Public attesting to be true copies will be accepted.
- Three (3) references and reference letters are required and must be typed, dated and notarized. **Letters must be written by the reference, not the applicant and must not be identical. The reference must not be an immediate relative.**

---

Name	Address/City/State/Zip	Area Code/Telephone	# Years Known
------	------------------------	---------------------	---------------

---

Name	Address/City/State/Zip	Area Code/Telephone	# Years Known
------	------------------------	---------------------	---------------

---

Name	Address/City/State/Zip	Area Code/Telephone	# Years Known
------	------------------------	---------------------	---------------



**AFFIDAVIT**

*I CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH THE PROVISIONS OF 11-47-1 TO 11-47-62 INCLUSIVE, OF THE GENERAL LAWS OF RHODE ISLAND AND PROVIDENCE PLANTATIONS, 1956 AS AMENDED, AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATIONS OF THE PROVISIONS OF THE CITED SECTIONS. I FURTHER UNDERSTAND THAT ANY ALTERATION OF THIS PERMIT IS JUST CAUSE FOR REVOCATION.*

\_\_\_\_\_  
*Applicants Signature*

*Before a Notary Public:*

*Applicant's Name:* \_\_\_\_\_  
*Name in Full*

*Subscribed and sworn before me in* \_\_\_\_\_ *, Rhode Island this*  
*\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

\_\_\_\_\_  
*Notary's Signature and Name Printed*

*My Commission expires on* \_\_\_\_\_.

*Seal*



**WEAPONS QUALIFICATION SCORE**

(Must be completed by Range Instructor and submitted with application)

Applicants Name: \_\_\_\_\_  
Last First Middle

Applicants Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_

Date of Qualification: \_\_\_\_\_

Location of Range where qualification was achieved:

\_\_\_\_\_  
Name Street City State Zip

WEAPONS QUALIFICATION SCORE: \_\_\_\_\_

Caliber of Weapon: \_\_\_\_\_

Army – L: \_\_\_\_\_

R.I. Combat (Not Required): \_\_\_\_\_

Name and Telephone Number of Instructor:

\_\_\_\_\_  
Name Telephone Number

Identify Instructor's or Range Officer's Certification: \_\_\_\_\_

(National Rifle Associated or United States Revolver Association, etc.)

Signature of Certifying Instructor: \_\_\_\_\_



## **STATE OF RHODE ISLAND GENERAL LAWS**

*(as of January 11, 2023)*

*\*Please keep pages 12 & 13 for your records\**

### **§11-47-11. License or Permit to Carry Concealed Pistol or Revolver.**

- (a) The licensing authorities of any city or town shall, upon application of any person twenty-one (21) years of age or over having a bona fide residence or place of business within the city or town, or of any person twenty-one (21) years of age or over having a bona fide residence within the United States and a license or permit to carry a pistol or revolver concealed upon his or her person issued by the authorities of any other state or subdivision of the United States, issue a license or permit to the person to carry concealed upon his or her person a pistol or revolver everywhere within this state for four (4) years from date of issue, if it appears that the applicant has good reason to fear an injury to his or her person or property or has any other proper reason for carrying a pistol or revolver, and that he or she is a suitable person to be so licensed. The license or permit shall be in triplicate in form to be prescribed by the attorney general and shall bear the fingerprint, photograph, name, address, description, and signature of the licensee and the reason given for desiring a license or permit and in no case shall it contain the serial number of any firearm. The original shall be delivered to the licensee. Any member of the licensing authority, its agents, servants, and employees shall be immune from suit in any action, civil or criminal, based upon any official act or decision, performed or made in good faith in issuing a license or permit under this chapter.
- (b) Notwithstanding any other chapter or section of the general laws of the state of Rhode Island, the licensing authority of any city or town shall not provide or release to any individual, firm, association or corporation the name, address, or date of birth of any person who has held or currently holds a license or permit to carry a concealed pistol or revolver. This section shall not be construed to prohibit the release of any statistical data of a general nature relative to age, gender and racial or ethnic background nor shall it be construed to prevent the release of information to parties involved in any prosecution of § 11-47-8 or in response to a lawful subpoena in any criminal or civil action which the person is a party to that action.

### **§11-47-12. License or Permit Fee.**

A fee of forty dollars (\$40.00) shall be charged and shall be paid for each license or permit to the licensing authority issuing it. Every license or permit shall be valid for four (4) years from the date when issued unless sooner revoked. The fee charged for issuing of the license or permit shall be applied for the use and benefit of the city, town, or state of Rhode Island.



### **§11-47-13. Revocation of License or Permit.**

Any license or permit may be revoked for just cause at any time by the authority granting it, and, upon revocation, the authority shall give immediate notice to the attorney general, who shall immediately note the revocation, with the date of revocation, upon the copy of the license or permit on file in his or her office.

### **§11-47-15. Proof of Ability Required for License or Permit.**

No person shall be issued a license or permit to carry a pistol or revolver concealed upon his or her person until he or she has presented certification as prescribed in § 11-47-16 that he or she has qualified with a pistol or revolver of a caliber equal to or larger than the one he or she intends to carry, that qualification to consist of firing a score of one hundred ninety-five (195) or better out of a possible score of three hundred (300) with thirty (30) consecutive rounds at a distance of twenty-five (25) yards on the army "L" target, firing "slow" fire. The "slow" fire course shall allow ten (10) minutes for the firing of each of three (3) ten (10) shot strings.

### **§11-47-16. Certification of Qualification.**

The range officer of the Rhode Island state police, the range officer of any city or town police department maintaining a regular and continuing firearms training program, a pistol instructor certified by the National Rifle Association and/or the United States Revolver Association, and any other qualified persons that the attorney general may designate are authorized to certify the qualification required by §11-47-15 and §11-47-15.1. The certification required by § 11-47-15, §11-47-15.1 and §11-47-15.3 shall be accomplished on a form to be prescribed by the attorney general.

### **§11-47-23. False Information in Securing Firearm or License – Straw Purchases.**

- (a) No person shall, in purchasing or otherwise securing delivery of a shotgun, rifle, pistol, or revolver, or in applying for a license or permit to carry it, give false information or offer false evidence of his or her identity.
- (b) No person shall knowingly purchase or otherwise obtain a shotgun, rifle, pistol, or revolver on behalf of another person, or transfer a shotgun, rifle, pistol, or revolver to another person, whom the transferor knows or reasonably should know is prohibited from possessing a firearm under federal or state law.
- (c) A first violation of the provisions of this section may be punished by a fine of not more than five thousand dollars (\$5,000), imprisonment for not more than five (5) years, or both. A second or subsequent violation of the provisions of this section may be punished by a fine of not more than ten thousand dollars (\$10,000), imprisonment for not more than ten (10) years, or both.